

Project I.D.: _____

For Official Use Only:

Staff: _____	BD: _____	DFO: _____	Actions: _____	SV: _____	Date Sent: _____
Lead: _____				OV: _____	Date Received: _____

INDIANA DEPARTMENT OF COMMERCE

VENTURE CAPITAL INVESTMENT TAX CREDIT QUALIFIED INDIANA BUSINESS APPLICATION

I. APPLICANT INFORMATION

A. Company Information:

- 1) *Company:* _____
Federal I.D. Number: _____
Street Address: _____ County: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: (_____) _____ Fax: (_____) _____
Website URL: _____
- 2) Company's Senior Officer: _____ Title: _____
- 3) Contact Person: _____ Title: _____

Phone: (_____) _____ Fax: (_____) _____
Email: _____
- 4) Site Address (if different from above)
Street Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: (_____) _____ Fax: (_____) _____
- 5) Is the company location (Section A(1) above) a Headquarters? _____ Yes _____ No
- 6) Parent Company (if applicable): _____
Parent Company's Federal I.D. Number: _____
Street Address: _____
Internet Address: _____
City: _____ State: _____ Zip: _____ Country: _____
- 7) Company Structure:
 - a). Corporation _____ Yes _____ NoIf yes, is more than 50% of the voting stock of the company owned or controlled directly or indirectly, by a single corporation, single partnership or single limited liability company? _____ Yes _____ No

b.) Partnership Association, other entity _____ Yes _____ No

If Yes, are more than 50% of the capital, profits or other beneficial interest of the partnership, association or other entity owned or controlled by a single partnership or single limited liability company _____ Yes _____ No

c.) Please provide list of current shareholders or members. *[Please see the attached Note on confidentiality of information.]*

B. Other Company-Related Information:

1) List company NAICS Code _____

2) List product(s) manufactured or service(s) provided by the company. (Attach additional pages if necessary):

3) Is the company primarily focused on commercialization of research & development, technology transfer or the application of a new technology? _____ Yes _____ No (If Yes, please describe. Include attachments if necessary) _____

4)

a) Annual revenue last year: _____

b) Annual revenue prior year: _____

5) Is the company engaged in business related to:

Real estate? _____ Yes _____ No or Real estate development? _____ Yes _____ No

Oil or gas exploration? Yes _____ No _____

Insurance? _____ Yes _____ No

Accounting? _____ Yes _____ No

Professional services provided by a lawyer or physician? _____ Yes _____ No

Retail Sales? (excluding businesses with primary purpose of supporting electronic commerce) _____ Yes _____ No

6) List approximate value of company total assets: _____

7) List approximate value of company assets located in Indiana: _____

8) How much qualified venture capital investment does the company plan to raise? _____

C. Company Narrative. Please attach a brief narrative history of the company, including business operations, and product market. (Label as Attachment A)

D) Employment Information: (Full-time Employment Only)

1) Total Company employment _____

2) List the current level of employment for the Indiana site _____

3) List the number of *Indiana resident* employees: _____

a). List the current employees' job titles, wage levels and occupational classifications (high-skilled, skilled, unskilled) Attach additional pages if necessary.)

<u>Job Title</u>	<u>Wage Level</u>	<u>Occupational Classification</u>
1.		
2.		
3.		
4.		
.		
.		
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4) How many of the above jobs require a postsecondary education or its equivalent? _____

Enclose a Non-refundable Application Fee: \$200.00

(Payments should be made payable to: Indiana Department of Commerce)

Please note that all applications take between 4 to 6 weeks to be processed.

NOTE ON CONFIDENTIALITY OF INFORMATION

To the extent feasible and permissible by law, the Indiana Department of Commerce (IDOC) will honor an applicant's request that confidential information submitted to the IDOC remains confidential. The IDOC will treat the information as confidential only if: (I) the information is in fact protected confidential information such as trade secrets or privileged or confidential commercial or financial information, (ii) the information is specifically marked and identified as confidential by the applicant, (iii) the information is segregated and placed in a separate appendix to the application, and (iv) no disclosure of the information is required by law or judicial order.

The undersigned affirms that he/ she is an authorized person of the applicant for the completion of this application, and confirms that all information contained in this application and attached hereto is complete and correct to the best of his/ her knowledge.

APPLICANT

By: _____

PRINTED: _____

TITLE: _____

Dated: _____